

D'Egidio & Pedroza, APC 7801 Mission Center Court, Ste. 240 San Diego, CA 92108 Phone: (619) 550-3011 Fax: (877) 888-6304 www.dpinjuryattorneys.com

M3 JUN 12 BALL: 18

June 6, 2023

#### Via U.S. Certified Mail

Attn: City Clerk's Office 150 S. Palm Ave Rialto, CA 92376

RE: Our client

Date of Loss:

December 2, 2022

To Whom it May Concern:

Please be advised that has retained our firm to represent her in all matters related to the above-referenced incident. Your professional courtesy in directing all future communication to our office and refraining from direct communication with my client is greatly appreciated.

Enclosed please find the "Claim Against County of San Bernardino" form for your reference.

Should you have any questions or concerns pertaining to this correspondence, please do not hesitate to contact our office directly. Thank you.

Sincerely,

D'EGIDIO & PEDROZA, APC

Meagan L. Verschueren, Esq.

Attorneys for Quetzalli Coro

Enclosures



# CITY OF RIALTO LIABILITY

### **CLAIM FOR DAMAGES** TO PERSON OR PROPERTY

ESTAMP CITY OF RITH CITY CLERK'S DATE STAMP

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).

2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).

3.READ ENTIRE CLAIM FOR BEFORE FILING

4.ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO: Rialto City Clerk's Office Mail: 150 S. Palm Ave., Rialto, CA 92376 Address: 290 W. Rialto Ave., Rialto, CA 92376

HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date: Amount: \$	CLAIMANT INFORMATION:			
HOME ADDRESS INCLUDING CITY, STATE & ZIP  HOME TELEPHONE NO.  7881 Mission Center Ct Size 240 San Diego, CA 92108  BUSINESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):  1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 2, 2022  TIME:	THE MANUE			
### Total Mission Center Ct Ste 240 San Diego, CA 92108  ### BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP  ### ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):  ### 1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 2, 2022   TIME:	FULL NAME		DATE OF BIRTH	
### Table Mission Center Ct Size 240 San Diego, CA 92108  ### BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP  ### ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):  ### 1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 2, 2022	HOME ADDRESS INCLUDING CITY, STATE & ZIP		( )	
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP  ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):  1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 2, 2022 TIME: AMDIPM  2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC — Describe fully and (if applicable) locate on diagram on reverse side of this sheet Where appropriate, give street names and addresses, measurements and landmarks.  Kolb Middle School, 2351 N Spruce Ave, Rialto, CA 92377  3. HOW DID DAMAGE OR INJURY OCCUR? On and after December 2, 2022. ("Claimant"), a student, was physically and sexually assaulted and battered by her Teacher, white she was in the premises and care of the school, Kolb Middle School. Claimant was left with physical, psychological and emotional trial and sexually assaulted. Please see Altachment A.  4. WERE POLICE AT THE SCENE? YES IN O WERE PARAMEDICS AT THE SCENE? YES IN NO  5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/tow. employee causing the injury or damage, if known.  The Negligence and wrongful acts of the city, county, state, school and school district that resulted in the hiring, retaining lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM include estimate of amount of any prospective injury or damage  § Over \$500,000.00  HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date: Amount: \$			HOME TELEPHONE NO.	
ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):  1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 2, 2022 TIME:	7801 Mission Center Ct Ste 240 San Diego, CA 92108		( 619550-3011	
NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):  1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 2, 2022 TIME: AM DPM  2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC — Describe fully and (if applicable) locate on diagram on reverse side of this sheet where appropriate, give street names and addresses, measurements and landmarks.  Kolb Middle School, 2351 N Spruce Ave, Rialto, CA 92377  3. HOW DID DAMAGE OR INJURY OCCUR? On and after December 2, 2022, ("Claimant"), a student, was physically and sexually assaulted and battered by her Teacher, white she was in the premises and care of the school, Kolb Middle School. Claimant was left with physical, psychological and emotional to after she was sexually assaulted. Please see Attachment A.  4. WERE POLICE AT THE SCENE? YES M NO WERE PARAMEDICS AT THE SCENE? YES M NO  5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/tow employee causing the injury or damage, if known.  The Negligence and wrongful acts of the city, county, state, school and school district that resulted in the hiring, retaining lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include astimate of amount of any prospective injury or damage  Sover \$500,000.00  HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date:  Amount: \$	DUSTNESS ADDRESS INCLUDING CITY, STATE & ZIP		BUSINESS TELEPHONE NO.	
1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: December 2, 2022 TIME: AM DPM  2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC — Describe fully and (if applicable) locate on diagram on reverse side of this sheet Where appropriate, give street names and addresses, measurements and landmarks.  Kolb Middle School, 2351 N Spruce Ave, Rialto, CA 92377  3. HOW DID DAMAGE OR INJURY OCCUR? On and after December 2, 2022, ("Claimant"), a student, was physically and sexually assaulted and battered by her Teacher, while she was in the premises and care of the school, Kolb Middle School. Claimant was telt with physical, psychological and emotional to address the was sexually assaulted. Please see Attachment A.  4. WERE POLICE AT THE SCENE? YES MO WERE PARAMEDICS AT THE SCENE? YES MO  5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/tow. employee causing the injury or damage, if known.  The Negligence and wrongful acts of the city, county, state, school and school district that resulted in the hiring, retaining lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage  S Over \$500,000.00  HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date: Amount: \$			240 San Diego, CA 92108	
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC — Describe fully and (if applicable) locate on diagram on reverse side of this shee Where appropriate, give street names and addresses, measurements and landmarks.  Kolb Middle School, 2351 N Spruce Ave, Rialto, CA 92377  3. HOW DID DAMAGE OR INJURY OCCUR? On and after December 2, 2022, ("Claimant"), a student, was physically and sexually assaulted and battered by her Teacher, while she was in the premises and care of the school, Kolb Middle School. Claimant was left with physical, psychological and emotional trafter she was sexually assaulted. Please see Attachment A.  4. WERE POLICE AT THE SCENE?   YES M NO   WERE PARAMEDICS AT THE SCENE?   YES M NO    5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/tow employee causing the injury or damage, if known.  The Negligence and wrongful acts of the city, county, state, school and school district that resulted in the hiring, retaining lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage   \$ Over \$500,000.00 HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates. DAMAGES INCURRED TO DATE:   tem/Date:   Amount: \$	NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above):			
2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC — Describe fully and (if applicable) locate on diagram on reverse side of this sheet Where appropriate, give street names and addresses, measurements and landmarks.  Kolb Middle School, 2351 N Spruce Ave, Rialto, CA 92377  3. HOW DID DAMAGE OR INJURY OCCUR? On and after December 2, 2022, ("Claimant"), a student, was physically and sexually assaulted and battered by her Teacher, while she was in the premises and care of the school, Kolb Middle School, Claimant was left with physical, psychological and emotional to after she was sexually assaulted. Please see Attachment A.  4. WERE POLICE AT THE SCENE?   YES M NO   WERE PARAMEDICS AT THE SCENE?   YES M NO    5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/townemployee causing the injury or damage, if known.  The Negligence and wrongful acts of the city, county, state, school and school district that resulted in the hiring, retaining lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage   \$ Over \$500,000.00    HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:   Amount: \$	1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: Decemb	per 2, 2022 TIME:	T AM CI PM	
4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE? YES NO  5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.  The Negligence and wrongful acts of the city, county, state, school and school district that resulted in the hiring, retaining lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$Over \$500,000.00 HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date:  Amount: \$	On and after December 2, 2022, ("Claimant"), a stu while she was in the premises and care of the school, Ko	dent, was physically and sexually assau	Ited and battered by her Teacher, physical, psychological and emotional trau	
5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.  The Negligence and wrongful acts of the city, county, state, school and school district that resulted in the hiring, retaining lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ Over \$500,000.00 HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date: Amount: \$	alter sile was sexually assaulted. Please see Attachment A.			
lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$\text{Over \$500,000.00}\$  HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date:  Amount: \$\text{Sequence}\$	5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM O			
lack of supervision of a school teacher that was sexually abusing students after notice of the same.  6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$\text{Over \$500,000.00}\$  HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date:  Amount: \$\text{Sequence}\$	The Negligence and wrongful acts of the city, county,	state, school and school district	that resulted in the hiring, retaining	
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date: Amount: \$	lack of supervision of a school teacher that was sexually abusing	students after notice of the same.	, otalinig,	
HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.  DAMAGES INCURRED TO DATE:  Item/Date: Amount: \$	6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of	f any prospective injury or damage	\$ Over \$500,000.00	
DAMAGES INCURRED TO DATE:  Item/Date: Amount: \$		W ME		
Item/Date: Amount: \$			oo allaan 2 astimates.	
Item/Date:	Subjective Sealor Control of the Control of the Control of the Control of Con		Amount: \$	
	Item/Date:		Amount: \$	

ESTIMATED PROSPE					
item/Date.				Amount: \$	
Item/Date:					
TOTAL ES	TIMATED AMOUN	T PROSPECTIVE	E DAMAGES:		
7. WITNESSES TO DA	MAGE OR INJURY Lis	st all persons known to	n have information (attack	h additional pages, if necessa	
NAME: School Officials		The state of the s			
Investigation is ongoing					and the second s
					THIS .
TELEPHONE: ()			TELEPHONE: ( )		EE -
8. IF INJURED, PROVID	DE NAME, CONTACT	INFORMATION AND	DATE/TIME DOCTORS	S) OR HOSPITAL(S) VISITED	- 40 -
NAME: investigation is ongo		- Company of the Comp	NAME:	b) OK HOSPITAL(S) VISITEL	D: 0
ADDRESS:			ADDRESS:		
TELEPHONE: ( )					
DATE:	TIME:			TIME:	
9. PLEASE READ THE I			DATE.	TIME.	☐ AM ☐ PM
⇒ NOTE: IF THE DIAGE	RAM BELOW DOES N	OT FIT THE SITUATIO	te of accident by "A-1" and le	PROPER DIAGRAM SIGNED	
→ NOTE: IF THE DIAGE	RAM BELOW DOES N	CURB PARKWAY			
I HAVE READ THE FOREG THOSE MATTERS WHICH	SOING CLAIM AND KNOW ARE HEREIN STATED UP:  FY (OR DECLARE) UN  MANT OR AGENT  eren, Esq.	CURB  PARKWAY  THE CONTENTS THEREOON MY INFORMATION AN	SIDEWALK  F; AND CERTIFY THAT THE SID BELIEF; AND AS TO THOSE		LEDGE EXCEPT AS TO E TRUE.

# Attachment A to Claim Against City

Coro v. City

Marina Charles William Collaboration of the Collabo On and after December 2, 2022, ("Claimant"), a student, was physically and sexually assaulted and battered by her Teacher, and sexually harassed while she was in the premises and care of the school, Kolb Middle School. Claimant was left with physical, psychological and emotional trauma after she was sexually assaulted by While Claimant was supposed to be in the care and supervision of the school, Mr. took advantage of innocence and in repeatedly occasions he sexually assaulted and battered her, he massaged and touched the sides of her breasts and close her to butt in a sexual manner despite her being a student, a minor, and incapable of consent to such conduct.

At all times relevant, the City had a duty to keep the school's premises in a reasonably safe condition to protect children and prevent foreseeable and other harm to the students based upon teachers with such wrong behavior and foreseeable instances of harm to students. Based upon information and belief, there have been multiple incidents involving sexual and physical abuse from the same teacher. The teacher perpetrator had harmed Claimant on multiple occasions due to the public entities' and school's lack of supervision, staff, management, oversight, warnings, proper policies and procedures, and reasonable care. The City knew about the subject perpetrator teacher's dangerous propensities and need for constant supervision and management necessary to avoid him harming other students.

At all times relevant, Claimant had a constitutional right to a safe education under the California Constitution, Article I, Section 28, subdivision (c)(1). She had a right not to be assaulted, battered, physically harmed, sexually assaulted and battered, or harassed based upon her sex. The District, school, and public entities violated those rights of Claimant and directly caused her harm.

The City has failed to appropriately respond to allegations and implement and follow protocol, policies and procedures for handling misconduct by staff and school personnel. Also, the City's wrongful acts and lack of supervision have allowed students to be alone and interact with the perpetrator, creating a dangerous condition and environment with pervasive sexual harassment and assault. This is despite having actual notice of the same.

At all times relevant, the dangerous property, staff member, school premises, environment, and school personnel created a reasonably foreseeable risk of the kinds of injuries that Plaintiff suffered in this case, which include but are not limited to serious and permanent past and future physical and emotional injuries and damages. The City was negligent in hiring, training, supervising and retaining employees that were unfit and/or incompetent to complete the job duties for which they were hired. The City knew or should have known that its teachers and staff were unfit and/or incompetent and that their unfitness and incompetence created a particular risk of the harm that Claimant suffered in this case. The City then ratified its employee's conduct, thereby condoning it and accepting it as its own conduct. The City could have prevented the subject harm to Claimant but chose not to do so.

The City failed to take action to prevent foreseeable harm from the perpetrator which directly caused injuries to Claimant in violation of her constitutionally protected rights. As a direct result of the City's wrongful acts and inactions and omissions, Claimant suffered physical injury to hor, body that caused emotional and physical pain. She suffered emotional distress, anxiety, fear, embarrassment, harassment, sexual assault and battery, physical assault and battery, and life-long emotional impairments that has and will continue to necessitate psychological treatment and care. As a direct result of the City's wrongful acts and inaction, Claimant's innocence has been stolen from her. She has been physically and emotionally harmed and is now afraid to go to school. Her past and future education has suffered as a direct result of the incident. Claimant's past and future injuries and damages caused by the incident and the City's wrongful acts and inaction far exceed \$25,000 and thus, the case will be filed as an unlimited civil case in court.



D'Egidio & Pedroza, APC 7801 Mission Center Court, Ste. 240 San Diego, CA 92108 Phone: (619) 550-3011 Fax: (877) 888-6304 www.dpinjuryattorneys.com

# **DESIGNATION OF ATTORNEY**

RE:

Our Client :

Maria Benitez, as Parental Guardian of

a minor

Date of Loss:

December 2, 2022

To Whom It May Concern:

Please allow this letter to confirm that I, Maria Benitez, as Parental Guardian of a minor, hereby designate and authorize the Law Office of D'Egidio & Pedroza, APC to act as legal counsel on my behalf for all purposes relating to the subject claim. Any communication regarding this claim should be made directly to the Law Office of D'Egidio & Pedroza, APC.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Should you have any questions pertaining to this correspondence, please contact the Law Office of D'Egidio & Pedroza, APC directly. Thank you for your anticipated cooperation in this matter.

DATE: 12/14/2022

-- DocuSigned by:

MARIA BENITEZ

-208AE36896CF491...

Maria Benitez, as Parental Guardian of

CERTIFIED WAT

US POSTAGE \$008,10°

The .

First-Class - IMI ZIP 92108

7801 Mission Center Crt, S D'Egidio & Pedroza, APC San Diego, CA 92108

Rialto City Clerk's Office 150 S. Palm Ave. Rialto, CA 92376

SECENTED SECULATION

TI:IIMA SI NUL ESOS

CITY OF RIALTO

3237686487 0402